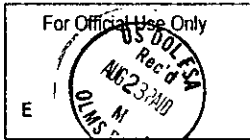


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|---|
| 1. File Number U - <input type="text"/> 13797 | 2. Fiscal Year Covered From: <input type="text"/> 10 / <input type="text"/> 1 / <input type="text"/> 2003 Through: <input type="text"/> 9 / <input type="text"/> 30 / <input type="text"/> 2004 |
| 3. Name and address of person filing. Name <input type="text"/> Colleen <input type="checkbox"/> Ring P.O. Box, Bldg., Room No., if any <input type="text"/> P.O. Box 1068 Street <input type="text"/> City <input type="text"/> Schenectady State <input type="text"/> New York ZIP Code + 4 <input type="text"/> 12301 | 4. Name, file number, and address of labor organization. Name <input type="text"/> IUE/CWA Local 408 Labor Organization File Number <input type="text"/> 034227 P.O. Box, Building and Room Number, if any <input type="text"/> P.O. Box 1068 Street <input type="text"/> City <input type="text"/> Schenectady State <input type="text"/> New York ZIP Code + 4 <input type="text"/> 12301 |
| 5. Position in labor organization. <input type="text"/> Secretary Treas, Local 408 (81408) | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name <input type="text"/> Trade Name, if any: <input type="text"/> P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> City <input type="text"/> State <input type="text"/> ZIP Code + 4 <input type="text"/> | 7.a. Nature of Interest, Transaction, or Income. <input type="text"/> 7.b. Amount. <input type="text"/> |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Colleen Ring

On

08/04/2005

Date

518-220-6000

Telephone Number

Name of Person Filing Colleen Ring

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name IUE/CWA 401(k) Plan

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1460 Broad Street

City Bloomfield

State New Jersey ZIP Code + 4 07003

14.a. Nature of payment.

August 29, 2004 discuss how the new 401(k) Plan is working out with the Empire Vision bargaining group. How Local 408 should handle calls from members concerning their 401(k) plan. The possibility of the Davis Vision Bargaining unit changing over.

14.b. Amount of payment.

\$64

13.b. Is the Business an Employer ☒ or Consultant ☐ ?